Title:
Implementing CAUTI Prevention Evidence-Based Practices to Improve Nurses' Knowledge Gain and Documentation Practices

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Session Title:
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Keywords:
CAUTI, EBP and prevention

References:


Abstract Summary:
The risk of infection increases with extended urinary catheter use. The United States spends about $350 million annually related to catheter-associated urinary tract infection (CAUTI). This project describes the implementation of evidence-based practice strategies that would increase nurses’ knowledge about CAUTI prevention and documentation compliance in the electronic medical record.

Learning Activity:

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<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>The learner will be able to discuss clinical implications for patients with indwelling urinary catheters.</td>
<td>Review etiology of disease specific causes, nursing interventions, product usage and alternatives to foley catheters, and provider and RN responsibilities for care of patients with indwelling urinary catheters.</td>
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<tr>
<td>The learner will be able to accurately complete the required documentation located in the electronic medical record related to indwelling urinary catheter use.</td>
<td>Inform on new CAUTI bundle documentation in Sunrise Clinical Manager. Review all components of CAUTI documentation bundle. Assess the priority info needed for IPASStheBATON handoff report.</td>
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Abstract Text:
The risk of infection increases with extended urinary catheter use. Saint, Gaies, Fowler, Harrod, and Krein (2014) reported that the United States spend about $350 million annually related to catheter-
associated urinary tract infection (CAUTI). Our nursing department highly supports the development of nursing research and implementation of evidence-based practice (EBP) to guide nursing care.

CAUTI has become one of the most common hospital acquired infections related to discomfort, increase length of stay, morbidity and mortality where cost is generated due to 80% of all nosocomial infections caused by indwelling catheters. Implementing safe practices can save $115 million to $1.82 billion yearly, and accurate electronic surveillance and documentation in the electronic medical record can also contribute to saving 10,000 lives annually because of CAUTI prevention.

The purpose of this project is to describe and implement EBP strategies that would increase nurses’ knowledge about CAUTI prevention and improve the documentation practice compliance in the electronic medical record. Streamlining processes would create efficiency and standardization causing a 45% reduction in time spent on surveillance.

We identified a lack of standardized education on CAUTI prevention strategies. This was noted by the high device utilization ratio on in-patient units within the organization. Despite the use of the electronic medical record at our community hospital, inconsistencies in nursing documentation related to indwelling urinary catheters have also been identified.

Interventions to improve practice included a web-based education module for RNs, a CAUTI bundle documentation video and knowledge-based pre/post surveys of CAUTI prevention. Utilization of an electronic surveillance monitored documentation, and retrospective/prospective electronic chart reviews were conducted to monitor documentation practices. In addition, a CAUTI prevention taskforce and CAUTI prevention champion program were created to increase situation monitoring and enforce sustainment by mutual support.

To date, results revealed a decrease in the device utilization ratio from 0.085 to 0.074 on the orthopedic unit and from 0.122 to 0.097 on the medical surgical unit. Pending results would include the evaluation and analysis of pre/post surveys, and further analysis of chart audits for complete documentation.

Inter-professional collaboration, ongoing education, mutual support, advocacy and assertion continue to steer the success of this ongoing DNP project.